

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



March 9, 1981

ALL-COUNTY LETTER NO. 81-23

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: OUT-OF-HOME CARE SERVICES FOR CHILDREN REVIEW
(ADMINISTRATIVE QUESTIONNAIRE)

REFERENCE:

The Family and Children's Services Branch's statewide review of the Out-of-Home Care Services for Children (OHC-C) program which was briefly discussed in ACL 80-71 will be conducted during May and June, 1981. This review is primarily compliance oriented, but will include the collection of limited information about other aspects of the program.

The purposes of the OHC-C review are to:

1. Determine the degree of compliance with state regulations. Basic non-compliance problems will require corrective action.
2. Provide the department with current data about several aspects of county practice.

The review will consist of two elements. Both are described below:

1. Administrative Questionnaire. Each welfare director (or designee) is asked to answer the attached questionnaire. Please return the completed questionnaire to the department by April 15, 1981. See Attachment A.
2. Compliance-Oriented Case Review. This part of the review will examine the principal case elements required by program regulations and will lead to corrective action when the county is not in compliance. A random sample of active cases will be selected in each county. In most counties the sample will not be statistically valid, but will provide a good indication of county compliance. An analysis of the data will be done on a flow basis. Each county will receive verbal and written summaries of the findings when the review of the county is completed. Additionally, each county will receive a subsequent written report comparing findings from that county with the statewide findings. Included in this report will be an indication of those findings which require county corrective action. A copy of the case review schedule is attached. See Attachment B.

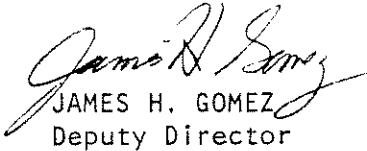
Please return the enclosed administrative questionnaire by April 15, 1981 to:

Joe H. Lain, Chief
Family and Children's Services
Program Operations Bureau
Department of Social Services
744 P Street, MS 9-104
Sacramento, CA 95814

Your program management consultant will contact you directly to arrange for the completion of the remaining section of the review.

For further information, please contact your consultant at (916) 445-7653 or ATSS 485-7653.

Sincerely,



JAMES H. GOMEZ
Deputy Director

cc: CWDA

Telephone: _____

- _____ a. Does emergency responses.
- _____ b. Does initial investigation and court reports.
- _____ c. Arranges emergency shelter care.
- _____ d. Is granted care, custody and control when the child is placed with his/her parents.
- _____ e. Is granted care, custody and control when the child is placed out-of-home.
- _____ f. Provides services to the dependent child placed out of home.

3. If above responsibilities are shared, explain division of responsibility.

4. If above responsibilities are or will be changing, explain.

Placements Out of County

1. How many children are now placed by the CWD in other California counties? _____
 - a. How many of these are in group homes (including institutions)? _____
 - b. How many of these are in foster homes (except relative homes)? _____
 - c. How many of these are placed in foster care with relatives? _____
2. How many children are now placed by other California counties in this county and are receiving courtesy supervision? _____
3. How many children are placed by the CWD in other states? _____
 - a. How many of these are placed in ICPC states? _____
 - b. How many of these are placed in non-ICPC states? _____
4. How many children are placed by other states in this county? _____
 - a. How many of these are placed from ICPC states? _____
 - b. How many of these are placed from non-ICPC states? _____

Use of homes with licenses pending

1. How many children are placed in foster homes which have been approved (certified) pending the granting or denial of a license? (Do not include children placed with relatives or guardians or children placed by court order into a specific unlicensed home.) _____

Guardianship

1. Does the county welfare department complete the report to the court on the suitability of the petitioner for nonrelated guardianship required by Probate Code Section 1543 as effective January 1, 1981? If this department doesn't, what other department or services agency fulfills this requirement?

2. Explain the case management procedure used in providing services to guardianship cases receiving AFDC-FC (e.g., are cases kept open and reassessed at 6 month intervals? Are cases closed, then reopened for the 6 month reassessment?)
3. What services, if any, are provided to those guardianship cases receiving AFDC-FC? How do the services differ from those provided other OHC-C cases?
4. Are services provided to non-AFDC-FC guardianship cases? If so, what services are provided?
5. Are OHC-C services provided to children who have been relinquished for adoption (during the period between relinquishment and final adoption)? If so, what services are provided?

4. Documentation - Case Record Contains:

- a. Placement Intake Referral (SOC 159) (30-209.61) ()
- b. Agency-Foster/Group Home Agreement (SOC 156/154) for current placement (30-209.63) ()
- c. Placement History (SOC 153) (30-209.64) ()
- d. Current Court Order or Parent/Agency Agreement (SOC 155) (30-209.62, 30-209.67) ()

5. Is placement supervised by other agency? (Y) (N)

a. Agreement? (Y) (N) (DNA)

b. Agency: _____

6. Medical examinations

a. Did the child enter UHC-C within the past 12 months? (Y) (N) = NA

- b. If yes, is there evidence the child had a medical examination: (30-209.3)
- i) Yes, within 30 days after placement ()
 - ii) Yes, but not within 30 days after placement ()
 - iii) No ()

c. Is exam report in record? i) Yes (30-209.66) ()
ii) No ()

7. Adoption Assessment (30-209.5)

- a. Has the child been placed more than one year (Y) (N) = (NA)
- b. If yes, in the last year has (check first box that applies)
- i) Child been referred to adoptions? ()
 - ii) Case been reviewed by adoptions staff? ()
 - iii) Administratively approved alternate plan in effect ()
 - iv) Social worker considered adoption potential of child? ()
 - v) Social worker apparently not considered adoption potential of child? ()
 - vi) Other: (specify) _____ ()

8. Administrative Reviews

- a. Open more than two years (30-213.1)
- i) Has the child been in placement for 2+ years? (Y) (N) = NA
 - ii) If yes, administrative review in past year? (Y) (N) (NA)
- b. More than two moves (30-213.2)
- i) Has the child moved more than twice? (Y) (N) = NA
 - ii) If yes, has the child moved in past 12 months? (Y) (N) = NA
 - iii) If yes, administrative review at last move? (Y) (N) (NA)

9. Notes: _____

